

EXHIBIT 6

FARMERS MUTUAL FIRE INSURANCE COMPANY

217 West Oklahoma, Okarche, OK 73762

DECLARATIONS
FOR POLICY TYPE(S)

5

405-204-0942

☒ Home-Guard 3 Special
☐ Home-Guard 2 Broad HG3
☐ Home-Guard 2

POLICY NUMBER: V 20200056

Location of residence/insured premises:

.16 ACRES 3716 CATAMARAN DRIVE YUKON,

County: CANADIAN

Agent Name and Address:

JAMES ANDERSON
10325 GREENBRIAR, #A
OKLAHOMA CITY, OK 73159

Policy Period:

From 12/20/20 to 12/20/21
12:01 A.M. S.T. at the address of the Named Insured
Mortgagee:

MORTGAGEE BILLED

#9902338349

U.S. BANK, NA

P.O. BOX 961045

FORT WORTH, TX 76161-0045

Named Insured, Address and Telephone No:

EARLENE CARR
3716 CATAMARAN DRIVE
YUKON, OK 73099

Subject to Forms: FM 318 01-20

FM192, HG282
PL 7205 01-19, HG 351 01-20

YUKON

Deductible: \$ 1000.00

Additional Insured(s)

Name	Address	Interest of Add. Ins.	Prop.	Liab.	Limited Form
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Section I-Property Coverages	Dimensions	Town Class	Year Built	Type of Const.	Roof Kind	Roof Year	Amount of Coverage	Premium
A. Dwelling	1542	2	2009	BRICK	C2018		192000	1929.00
B. Other Structures							19200	
							0	.00
C. Personal Property							96000	.00
D. Additional Living Expense							57600	.00
Fire Department Service Charge							500	.00
Section II-Liability Coverages							Limit of Liability	Premium
E. Liability to Public Coverage						Each Occurrence	300000	\$ 5.00
F. Medical Payments to Public						Each Person	1000	.00
Additional Liability Coverage - Damage to Property of Others						Each Occurrence	250	.00
Optional Coverage(s)	Description							Premium
Incidental Business Activity	Gross Receipts: \$.00
Incidental Agricultural Activity	Acres: Livestock: Yes <input type="checkbox"/> No <input type="checkbox"/>							.00
<input type="checkbox"/> Additional <input type="checkbox"/> Rental Premise								.00

GMRC 2255 1-01, RCIL 4618 OK 01-18, FM 800 01-18 Total Premium 1934.00
 GMIL 4709 3-03, FM 463 01-20, GMIL 4722 7-09 DUE/-CREDIT .00
 GMIL 4693 OK 01-20, HB 1447, HG 661145 01-20
 GMIL 4643 7-15

This policy will be continued to the expiration date above if you pay the required premium for each successive year or premium payment period. Required premiums will be based on our rates then in effect.

☐ New ☒ Renewal ☐ Change of Coverage

DATE

TERRY SCHWARZ

AUTHORIZED REPRESENTATIVE